(Page 1) SBRS Change of Beneficiary Form

In order for your beneficiary to be eligible for a benefit, this form must be filed with the Boston Retirement Board prior to your death.

Boston Retirement Board, 1 City Hall Square - Room 816, Boston, Massachusetts 02201 (617) 635-4311

This form directs the Boston Retirement Board to pay the money you have contributed to the retirement system to your named beneficiaries in the event of your death.

Complete both pages of this form and answer all questions.

Your signature must be witnessed by a competent adult who is not your beneficiary.

Please note:

• Payments covered by this form include:

Before your retirement:

1. The payment of a refund (the total deductions and interest credited to your account in the annuity savings fund at the date of your death).

Following your retirement:

- 1. The payment of any cash refund due at your death if your retirement was elected under Option (B).
- 2. The payment of any prorated monthly amount due at your death if your retirement was elected under either Option A or Option B. Designation of an Option C survivorship allowance beneficiary is made at the time of retirement on the Option Selection Form and cannot be changed.
- You may change your beneficiary(s) at any time.
- You may change beneficiaries by filing a new blank form with this office.
- Incomplete forms will be returned to you by mail.
- Guardianship papers must be submitted for minors before the Board can issue any funds to them.
- You may also designate survivorship beneficiary to receive pension benefits in the event of your death prior to retirement. A survivorship beneficiary is limited to a spouse, former spouse who has not remarried, child, father, mother, sister or brother.

Ask for an Option D Beneficiary Form.

Signature is required on page 2

SBRS MEMBER INFORMATION

Name of Member:	Social Security #:				
Date of Birth	Daytime Phone Number:				
	•				
Member's Home Address:					

(Page2) SBRS Change of Beneficiary Form

otherwise.

In order for your beneficiary to be eligible for a benefit, this form must be filed with the Boston Retirement Board prior to your death.

Name:		Social Security #:			
Lump Sum Beneficiary	v(ies): I hereby inst	truct the Boston Retirement	Board to pay an	y refund of m	y account
upon my death to the fe	ollowing individuals	s or entities. (The total of bei	neficiary proportio	ons must equa	l 100%.)
I. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Percentage
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			_		
II. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Percentage
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			-		
			-	-	
III. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Percentage
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			-		
				_	
IV. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Dorcontago
1 V . Name Of Beneficiary	Social Security	Address Of Beneficiary	Kelationship	Date Of Birth	1 er centage
			-		
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Contingent Lump Sum B	<u> </u> Beneficiary(ies) In the	event that a lump-sum beneficia	arv. above. predecea	ses me, pay as i	ndicated
below. (The total of benefit			, uss , e, process	ises ine, puj us i	
I. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Percentage
,					
			_		
			_	_	
II. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Percentage
			_		
				-	
III. Name Of Beneficiary	Social Security	Address Of Beneficiary	Relationship	Date Of Birth	Percentage
Table Traine of Beneficiary	Bociar Security	radices of Beneficiary	Kelationship		Tercentage
			_		
			_		
Your signature must be	witnessed by a cor		 ır beneficiary.		
	_	Date S	•		
		Date 5			
Home Address:					
		Date Signed:		<u> </u>	
		ry who predeceases you will b		ate unless you	instruct